

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Robert J Heaps MD

Mailing Address 66 Colonel Daniels Dr

City	State	Zip Code
Bedford	NH	03110-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2015

Transaction ID : 6952870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul G Johnson MD

Mailing Address 18646 Vogel Farm Trail

City	State	Zip Code
Eden Prairie	MN	55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2015

Transaction ID : 6955957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas B Fleeter MD

Mailing Address 1860 Town Ctr Dr Ste 300

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Town Center Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2015

Transaction ID : 6957640

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►